

**STATE OF WISCONSIN CLAIMS BOARD
CLAIM FOR DAMAGES AGAINST THE STATE**

Do Not Use

Please fill out form completely—incomplete forms may be returned. Submit one notarized copy of this form to the Claims Board, P.O. Box 7864, Madison, WI 53707-7864. Attach proof of loss; copies of all bills, receipts and insurance proceeds; and copies of medical and/or police reports, if applicable. This information will be sent to the appropriate department or agency. (Claim files are considered public records. Information submitted may be open to inspection by the public under Wisconsin Public Records Law.) Questions? Please call (608) 264-9595.

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| Claimant Name, Address and Phone: | State Agency Claim is Against: |
| | Date(s) of Occurrence: |

Statement of Circumstances. Give complete background information and details of claim. Attach additional pages and copies of supporting documentation, as needed. Do not submit originals—documents will not be returned to you.

Dollar Amount of Claim. Itemize all losses. Attach copies of bills, estimates and/or receipts as proof of loss.

There are statutory restrictions on the amount of Claims Board payments – see Claims Board pamphlet for more information.

Insurance Information. Complete this section whether or not you have submitted a claim to your insurance company.

Do you have?
Vehicle insurance: Yes No. If yes, amount of coverage: \$ _____, amount of deductible \$ _____
Property insurance: Yes No. If yes, amount of coverage: \$ _____, amount of deductible \$ _____
Medical insurance: Yes No. If yes, amount of coverage: \$ _____, amount of deductible \$ _____

Have you filed a claim with your insurance company for any damages relating to this claim? Yes No.
If your insurer denied coverage for your damages, please attach explanation of denial.

I hereby certify that all statements contained herein and on any attachments hereto are true and that the losses claimed were actually incurred.

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Signature of Claimant Date

The above-named claimant personally came before me this day and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public Date

_____ County, _____ My Commission Expires: _____